

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: <b>4</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>Boisby</b>	MI	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount Date Processed Date Imaged	
	NICKNAME	LAST <b>Reizer</b>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>327 E. Huiskette</b>	APT / SUITE #: <b>SAN ANTONIO</b>	CITY: <b>TX</b>	STATE: <b>TX</b>	ZIP CODE <b>78212</b>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(210)</b>	PHONE NUMBER <b>394-1464</b>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>Wick</b>	MI		
	NICKNAME	LAST <b>Messinger</b>	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <b>3481 Fredericksburg Rd</b>	APT / SUITE #: <b>SAN ANTONIO</b>	CITY: <b>TX</b>	STATE: <b>TX</b>	ZIP CODE <b>78201</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(210)</b>	PHONE NUMBER <b>438-4900</b>	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year <b>7 / 1 / 03</b> THROUGH <b>1 / 15 / 04</b> Month Day Year				
11 ELECTION	ELECTION DATE Month Day Year <b>N/A / /</b>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <b>N/A</b>		
12 OFFICE	OFFICE HELD (if any) <b>NONE</b>		13 OFFICE SOUGHT (if known)		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name <b>NONE</b>				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code <b>N/A</b>				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Bobby Perez

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC☐ additional pages

COMMITTEE NAME

NA

COMMITTEE ADDRESS

NA

COMMITTEE CAMPAIGN TREASURER NAME

NA

COMMITTEE CAMPAIGN TREASURER ADDRESS

NA

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
04 JAN 15 PM 3:49

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 3788.56

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

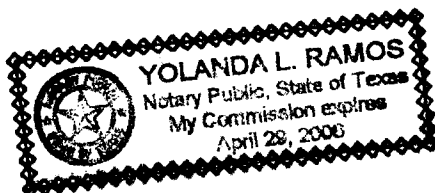
\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 16, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bobby Perez, this the 15<sup>th</sup> day of January, 2004, to certify which, witness my hand and seal of office.

Yolanda L. Ramos  
Signature of officer administering oath

Yolanda L. Ramos  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILER NAME

RUBEN PEREZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

LA TRINIDAD United Methodist / Youth Organization

7 Amount (\$)

6 Payee address; City; State; Zip Code

7/1/03

300 S Pecos LA TRINIDAD San Antonio, TX 78205

\$140.00

8 Purpose of payment (See instructions regarding type of information required.)

Contribution to Youth Event

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Ken Secor's Campaign

Payee address; City; State; Zip Code

Amount (\$)

7/29/03

San Antonio, TX

\$500.00

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Rosario's Restaurant

Payee address; City; State; Zip Code

Amount (\$)

6/1/03

910 So Alamo St San Antonio, TX

\$89.56

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Final Staff Meeting

Date

Payee name

Mexican Bar Association

Payee address; City; State; Zip Code

Amount (\$)

10/21/03

454 Sledad #200  
San Antonio, TX 78203

\$250.00

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Contribution to Fundraising Event for Scholarship Fund

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 2

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

10/7/03

Saint Luke's Church

6 Payee address; City; State; Zip Code

11 Saint Luke's Lane

San Antonio, TX

78209

\$160.00

RECEIVED  
CITY OF SAN ANTONIO  
OFFICE OF THE  
COMPTROLLER  
NOV 15 PM 3:15

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Contribution for fundraising event

Date

Payee name

Amount (\$)

10/21/03

Internal Revenue Service

Payee address; City; State; Zip Code

Austin, TX

\$1009.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Payment for interest earned on campaign account

Date

Payee name

Amount (\$)

11/15/03

EDWARDS &amp; GARZA Campaign

Payee address; City; State; Zip Code

Broadway San Antonio TX 78212

\$1200.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

10/22/03

Roger Flores Jr. Campaign

Payee address; City; State; Zip Code

San Antonio, TX 78205

\$300.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED